Agenda item 17
Attachment 14

NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Clinical Quality Committee Minutes**
Meeting:	Governing Body, 31st January 2014
Author:	Justin Dix, governing Body Secretary
email:	justin.dix@surreydownsccg.nhs.uk
Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	✓

Development

These are the minutes of the Clinical Quality Committee meetings held in November and December 2013

Executive Summary and Key Issues

This committee is meeting monthly until it has assurance on key issues that it can safely move to meeting bi-monthly. The majority of the issues are covered in the Clinical Quality and Patient Safety Report.

Recommendation(s): The Governing Body is asked to NOTE these minutes but also to ratify the Prescribing Clinical Network recommendations.
Attachments: Clinical Quality Committee minutes for September and October 2013.

Implications for wider governance

Quality and patient safety: As set out in the minutes
Patient and Public Engagement: The lay member for PPE sits on the committee.
Equality Duty: No specific issues.
Finance and resources: No specific issues
Communications Plan: These minutes are available on the CCG web site
Legal or compliance issues: A number of the issue sin this report relate to legal obligations under the NHS constitution such as access and safety
Risk and Assurance: Risks are as set out in the introduction to the quality and clinical safety report

Agenda item 17
Attachment 14

NHS
Surrey Downs
Clinical Commissioning Group

Minutes of the Clinical Quality Committee
held on Thursday 7th November 2013
at Cedar Court, Guildford Road, Leatherhead, KT22 0AH

Part 1

Record of Attendance

Members:		
AP	Alison Pointu	Governing Body Registered Nurse (Chair)
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse
GC	Gavin Cookman	Governing Body Lay Member - Governance
DC	Denise Crone	Governing Body Lay Member - PPE
PG	Dr Phil Gavins	Clinical Lead – East Elmbridge - Kingston
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey - Epsom
LS	Liz Saunders	Public Health Consultant – Surrey County Council
In attendance:		
KP	Karen Parsons	Chief Operating Officer
MW	Mabel Wu	Head of Performance and Governance
HB	Helen Blunden	Designated Nurse for Safeguarding Vulnerable Adults in Surrey
SC	Sian Carter	Continuing Healthcare Lead
LC	Liz Clark	Medicines Management Lead
JD	Justin Dix	Governing Body Secretary
SM	Sonia MacDonald	Executive Administrator (Minutes)

1) Welcome and introductions

AP, as Chair, welcomed those present and Members introduced themselves. CQC071113/001.

2) Apologies for absence

Apologies were received from Miles Freeman, Dr Mark Hamilton, Dr Robin Gupta and Jackie Moody. CQC071113/002.

3) Declarations of interest

Gavin Cookman noted that Diabetes UK would be supporting the CCG on the diabetes service improvement programme. CQC071113/003.

He stated that although he was a volunteer Trustee on the Board, Diabetes UK was not charging any fees for this support. However, as GC was the GB Sponsor for the diabetes programme he felt the matter should be noted as a potential conflict , although there were no remuneration issues. CQC071113/004.

No interests were declared other than those on the register of member's interests. CQC071113/005.

4) Minutes of the previous meeting

The minutes of the Clinical Quality Committee held on Friday 11th October 2013 were approved after the correction of one typing error at the bottom of page 4. CQC071113/006.

DC raised the issue of whether the Friends and Family Test was acceptable in terms of patient experience. The Committee agreed to discuss this issue under matters arising. CQC071113/007.

5) Matters Arising / Action Log

DC highlighted that the recent report 'A Review of the NHS Hospitals Complaints System – Putting patients back in the picture' by Rt Hon Ann Clwyd MP and Professor Tricia Hart, had given NHS England the task of looking at quality overall, with the possibility of building in more patient feedback, and establishing a more robust definition of patient experience. A deadline had been set for the end of March 2014. In addition, the report requested that CCGs establish clear procedures for complaints handling. SDCCG contract/quality meetings would provide an opportunity to question hospital providers on their complaints procedures, and to report back on what actions they were taking. Progress was awaited with interest. CQC071113/008.

EC provided a link to the report as below:- CQC071113/009.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

AP confirmed there would be further discussion on patient complaints at future Committee meetings. The Patient Experience Team had been requested to liaise with their colleagues in Acute and Community Trusts to collectively extract information from PALS reports, and update the Committee. There would be a further report on patient experience in Part II, which would be reflected in the action log. CQC071113/010.

Action Log: The log was reviewed for progress. Actions that would be addressed on this agenda were marked closed. Following discussion further updates were provided as outlined below and the action log will be updated to reflect these. CQC071113/011.

SECAMB: A report on quality of service would be discussed under Agenda item 8. CQC071113/012.

Continuing Health Review: Work was ongoing and the report was not available yet. CQC071113/013.

Integrated Quality and Performance Report: To be discussed under Agenda item 7 of this meeting. CQC071113/014.

Keogh Report – Mortality: Discussions were ongoing with the Audit/Quality Committee in order to pull the necessary information together to form a comprehensive document**.** CQC071113/015.

Adult Safeguarding: Further information was available on serious case reviews. HB had taken part in a discussion on what aspects of this work were relevant to health. One recommendation which would have made a difference was the need to make a clear statement of the responsibilities of the CCG. CQC071113/016.

DC queried the action being taken by SDCCG in relation to the specific case that had been reported on. HB replied that two members of staff had been suspended and were currently going through disciplinary procedures. GC then asked HB whether she felt the mistakes had been recognised and the lessons learned? HB confirmed that in her view this was the case and there would be no repeat. CQC071113/017.

DC asked whether there would be a review of the provider failure policy. HB confirmed that a review had been carried out specifically arising from this incident. EC confirmed that an action plan would be developed and shared with other CCGs. The aim was to produce action plans for all four serious case reviews. CQC071113/018.

A letter had been sent from the Safeguarding Board suggesting that CCGs consider commissioning a 'virtual ward' model within community services. HB said that there was a lack of understanding about the difference between integrated working and a virtual ward approach. Whilst this work with the Safeguarding Board was in progress, any interim actions required would continue to be monitored. CQC071113/019.

GC asked whether the Committee was happy with the way things were going, and advised caution given that it would be tasked with overseeing that the actions being taken were satisfactory. CQC071113/020.

KP confirmed receipt of the recommendations with a review planned in two weeks. SDCCG, as an organisation, would be submitting a response with proposed actions, whilst acknowledging what was currently in progress. CQC071113/021.

It was agreed that there would be a verbal update to the next Committee meeting on 10th December. A discussion took place as to whether the future update should be minuted under Part II but, as the information was already in the public domain, this was considered unnecessary. CQC071113/022.

Action HB

Children's Safeguarding: EC had spoken to Amanda Boodhoo regarding the accountability framework to ensure that any gaps are covered. CQC071113/023.

Other matters: Referring to the Agenda, GC remarked that only 15 minutes had been allocated to the Integrated Quality and Performance Report. GC asked for it to be minuted that as the report was a key part of discussions, in future adequate time should be given. CQC071113/024.

DC felt there were items on the Agenda which were not appropriate for Committee, and if there were fewer individual reports this would allow for more time for discussion surrounding the Integrated Quality and Performance Report. It was agreed that AP/JD would liaise more fully on the Agenda. EC suggested merging individual reports to form a more comprehensive quality report. CQC071113/025.

KP explained that when the Committee started, there was one integrated report but, following a request from the Executive Committee, smaller individual reports were produced. Discussions would need to take place before the next Governing Body to determine the way forward. The Performance report would need careful consideration as SDCCG had to assure Area Team that it had performed on quality. KP agreed with GC that there were too many reports, but stressed there was a need to strike a balance between over and under reporting. GC felt the most important report was Patient Experience. KP would talk through further with MF. CQC071113/026.

Action KP

6) **Surrey and Borders Partnership Trust**

Surrey and Borders were not represented at this meeting, and had asked to defer this discussion in order for one of their Medical Directors to be present. However, they were expected at the next Clinical Quality Committee. Members were asked to relay any issues, general practice or otherwise to AP/EC, so they can raise these with SABP. CQC071113/027.

When the host commissioner arrangements had been set up, it had been the CQC's expectation that North East Hants and Farnham CCG would have a work plan for all mental health providers, specifically SABP. Over the course of the year the committee would therefore be able to work through most of its providers in timely fashion. CQC071113/028.

It was noted that Diane Woods, for North East Hants and Farnham CCG, was the lead commissioner for mental health. CQC071113/029.

HB said the discussion was timely given there was a safeguarding issue with Surrey and Borders at The Meadows. GC reflected on the original rationale and asked how Surrey and Borders was finding it and what was their relationship like with the CCG? He also stated that if the results were not as expected then Surrey and Borders should be challenged. KP responded that, as Commissioners, SDCCG was already challenging the performance of the trust. However, it was in a difficult position with Surrey & Borders in that that whilst the Partnership hosts on our behalf it does not absolve our responsibility, Consequently MF, in his position as Chief Officer, was challenging some of the hosting arrangements and there may be a need for SDCCG to consider its position. CQC071113/030.

The Committee AGREED KP should raise this outside the meeting with CF, GC, and EC CQC071113/031.

Action KP

KP explained that SDCCG had a collaborative arrangement with other CCGs. However, it would be possible to withdraw if this was deemed necessary. The current service level agreement, which the Governing Body had signed off, ends in March 2014. However this would have implications for management overheads. CQC071113/032.

JD enquired whether the Committee wanted the lead commissioner to be present at the next meeting or just Surrey and Borders on their own. Discussion took place and it was AGREED that KP would discuss further with AP and GC. The Surrey and Borders item would be removed from the draft December Agenda and reconsidered for the new year. CQC071113/033.

Action KP

7) **Integrated Quality and Performance Report: Quarter 2**

The Quarter 2 report was discussed in detail. CQC071113/034.
MRSA Bacteraemia: EC confirmed there had been two cases of MRCS Bacteraemia affecting Surrey Downs patients; one from Epsom and St Helier University NHS Trust and one from the Royal Surrey Hospital. EC confirmed that both had been handled efficiently and effectively.

C Difficile Infections: The Committee studied the heat map on page 13 of the report showing the distribution of C. difficile in the past six months, and the clusters around GP practices. It was hoped to have the map extended to show other acute Trusts and with community prescribing around that. CQC071113/035.

EC gave a breakdown of the statistics for Surrey Downs, and stressed the need to ensure that everything possible was put in place to support GPs and hospitals. SM explained that tests were available to determine whether the infection had been passed from patient to patient. EC confirmed that the three cases reported at St Helier in September, were not related. SM went on to confirm that efforts were being made to determine the type of transfer i.e. hand hygiene, to see whether anything could have been done to prevent the spread. CQC071113/036.

GC asked whether more could have been done. EC stressed that every effort was made to continuously improve infection control procedures and prevent instances of CDiff occurring. CQC071113/037.

8) **South East Coast Ambulance Service: Report on Quality of Service**

KP outlined concerns surrounding the quality of service provided by SECAmb , highlighted by evidence received via both hard data and soft intelligence i.e. patient feedback. Hosted by Kent, with performance management being undertaken by East Surrey CCG, overall opinion was that there were concerns about the service, particularly in terms of the NHS 111 (roles / responsibilities) and patient transport services. CQC071113/038.

Going forward, MF had indicated he would like to see the following:- CQC071113/039.

1. For SDCCG to have a much stronger voice in the way the service was currently being run.
2. To form a closer relationship with SECAmb in terms of having their performance challenged.
3. For there to be further discussions around the hosting arrangement for Surrey.

KP stressed the need for the Committee to be kept updated. A CCG collaborative meeting would take place in 2 weeks' time to try and resolve some of the outstanding issues and map the way forward. CQC071113/040.

DC commented that she had been pleased to see the issues addressed in a full and concise report. It was now important that something was done, and she felt that SDCCG was on the right path with its current action plan. CQC071113/041.

Details of a forthcoming general forum, hosted by East Surrey, were supplied by KP at which there would be representation from each of the associated CCGs. This had not occurred before. A consultancy would be tasked to provide additional support in improving service delivery. CQC071113/042.

GC stated he was happy SDCCG was trying to do more, but felt that SECAmb had a number of issues relating to leadership and workforce that the CCG needed assurance on. He did not think sufficient was being done to get the service on track. CQC071113/043.

There was a discussion as to whether CQC should state that, as a Committee, they had not received adequate assurance that the issues were being addressed. CQC071113/044.

GC said that he would feel happier if there was a formal approach to the Chairman of the Board of SECAmb, stating that SDCCG was not satisfied with the current level of service being provided. CQC071113/045.

The Committee AGREED that KP should raise this with NHS England with a view to whether a joint approach to SECAmb by themselves and CCGS should be made. If this was not possible the Governing Body would need to be consulted about further action. CQC071113/046.

Action KP

GC asked what would happen if the response received from SECAmb was not acceptable. KP said that the contract did allow commissioners to enact penalties and this was an option. CQC071113/047.

9) **Proposed dataset for reporting Public Health**

Dr Liz Saunders outlined current work and explained that there were likely to be changes to incorporate a new dataset from NHS England. CQC071113/048.

The Committee discussed the number of indicators which it found useful, and LS went on to explain that some were only published annually, with many shown Surrey-wide rather than at CCG level. CQC071113/049.

The Committee examined the indicators relating to Under 75 mortality rates for cardiovascular disease, respiratory disease, cancer and liver disease, along with those for emergency re-admissions. CQC071113/050.

KP provided a breakdown of the indicators, explaining that it was SDCCG's expectation that there would be a close relationship with public health to ensure that the data supported the CCG's commissioning intentions. It was not considered necessary in future to bring the current level of data to the Committee. GC remarked on the lack of statistics surrounding obesity/diabetes. CQC071113/051.

10) **Patient Experience Report: Quarter 2**

The Committee considered the report and raised a number of questions. It was AGREED the report would need revising before submitting to the Governing Body. DC would liaise with Georgette Welch and AP outside the meeting regarding specific queries on the patient experience report. CQC071113/052.

11) **Serious Incident Report: April – Sept 2013**

The Committee was informed that there had been a number of issues with obtaining the Serious Incident Report Quarter 1 and 2 from the Commissioning Support Unit (CSU), and EC would be raising this with them. CQC071113/053.

GC requested that in future only the narrative or a summary would be needed for the meeting rather than the full report. GC also requested that the data be simplified for the Committee. CQC071113/054.

12) **Risk Management Report: Quarter 2**

The Committee NOTED that JD was in the process of updating the quality risks in the Assurance Framework and Risk Register, and would be meeting with EC the following day. CQC071113/055.

JD went on to explain that there was a need for greater understanding generally of risk appetite and risk tolerance in order to define risk properly for the organisation. To do this, it would be necessary to revisit the original risk strategy and amend it on line with recent discussion. JD required no action from the Committee at this stage, but commented that he would be discussing this further with individual managers. CQC071113/056.

13) **Continuing Healthcare Report: Quarter 2**

The Committee received the report, and the following points were highlighted:- CQC071113/057.

1. Compliance: Legacy and other issues had led to a struggle to meet compliance with the National Framework, but improvements were being made. CQC071113/058.

2. Safeguarding: the NHS Funded Healthcare Team had a key responsibility for safeguarding, and had formed close relationships with safeguarding leads. CQC071113/059.

3. Clinical Recruitment and Training: A huge amount of recruitment was ongoing to provide additional nursing support. CQC071113/060.

4. Winter Planning: The Team had a number of key responsibilities particularly in terms of winter planning. Relationships with the Local Authority were strained at times, and whilst acute discharge was working well, there was less structure surrounding care home assessments. CQC071113/061.

5. Retrospective Reviews: Issues were being addressed. CQC071113/062.

6. Database: There was currently a big issue in terms of the quality dataset, and a new database was in progress which would provide much smarter reporting. CQC071113/063.

7. Personal Health Budgets: There was a large workstream associated with personal health budgets, as the hosting arrangement had been compounded by the inclusion of a CHC reference group. To ease the pressure and distribute workload, various task groups had been created, including a task and finish group for assessments. The risks associated with personal health budgets were discussed. CQC071113/064.

14) **Carers Strategy Report / Update**

The Committee AGREED the report was not appropriate for discussion at this Committee and, whilst interesting, should be submitted to the next meeting of the Executive Committee and to Localities. CQC071113/065.

15) **Central Alerts System: Assurance on process**

The Committee NOTED the report. CQC071113/066.

16) **Locality Reports**

The Committee AGREED that only the Locality issues surrounding quality should be brought to CQC, rather than the full report. CQC071113/067.

17) **Committee Forward Plan**

The Committee noted and AGREED the forward plan. CQC071113/068.

18) **Prescribing Clinical Network recommendations**

The Committee AGREED the recommendations outlined in the report. CQC071113/069.

19) **Anticoagulant Audit Report**

LC provided a background to the report. HB asked who was responsible for setting the process, and LC replied that whilst SDCCG set the guidelines each GP practice had its own procedures. SM reiterated the need for practices to carry out audits, and LC/HB agreed to discuss this issue further outside the meeting. CQC071113/070.

Action LC / HB

The results shown on the accompanying charts were discussed. LC informed the Committee that due to software issues, results varied between practices and efforts were being made to resolve this difficulty. However, the service remained very well funded compared with other areas. CQC071113/071.

An enhanced service design review is underway. A clinical reference group are meeting on the 5th December to review the enhanced service and actions required to improve quality in some providers. The committee supported the CCG in improving the quality of service commissioned. This may require some practices to work collaboratively. LC would share the results of the meeting. Decisions would need to be made as to how this was taken forward. Whilst such a review would be worthwhile, it would be necessary to get practices up to speed beforehand. Letters will be sent to practices identifying areas for improvement. CQC071113/072.

20) **Reports from other Governing Body Committees**

There had been a meeting of the Audit Committee on the 18th October the minutes of which would be included in the papers for the Governing Body on Friday 29th November. CQC071113/073.

21) **Any Other Business**

There was no other business. CQC071113/074.

NHS
Surrey Downs
Clinical Commissioning Group

Meeting	Clinical Quality Committee
Date	10th December 2013
Agenda item	10
Attachment	8
Title of paper	Prescribing Clinical Network Recommendations for agreement
Author & email	Liz Clark Lead Commissioning Pharmacist for Surrey Downs CCG Lizclark2@nhs.net
Exec Lead:	Karen Parsons, Chief Operating Officer
Locality	All
Purpose	Decision

Brief Summary:
The Clinical Quality Committee are required to review the recommendations of the Prescribing Clinical Network (PCN) and approve them for implementation. Prescribing leads from each of the four localities, including a Surrey Downs Board Member, are members of the PCN and are in agreement with the recommendations.

Key issues to note: (please highlight key points and cross reference paragraph / page numbers etc, and list any accompanying papers / appendices)

Full minutes, evidence review papers or shared care documents are available on request from **lizclark2@nhs.net**

Committees and other groups (please list the names and dates of other committees or groups who have discussed this issue)

Prescribing Clinical Network (PCN) 30th October 2013
Surrey Downs Prescribing Leads Meeting 12th November 2013

Recommendation(s):
The Committee is requested to:
Agree the PCN recommendations of 30th October 2013for implementation in Surrey Downs CCG

Implications for wider governance *Please set out any issues or reference where they are addressed in the paper...*

Relevant interests: *please note any relevant interests of individuals and highlight any actual or potential conflict of interest*
Quality and patient safety: Efficacy and Safety are given priority in the Ethical Framework of the PCN
Patient and public engagement: The PCN and MCG are currently recruiting to the position of patient representative
Equality analysis:
Finance and resources:
Workforce:
Statutory compliance: Please set out any issues relating to information governance; statutory duty to consult; safeguarding; other legal requirements
Conflicts of interest: Please highlight any actual or potential conflicts of interests for members or staff involved in this work. **Requested in previous meetings and none to note**
Risk and assurance: Please describe the relationship between this issue and any risks on the risk register or relevant Assurance Framework requirements.
Communications Plan: PCN Recommendations adopted by this committee on behalf of Surrey Downs CCG will be communicated to GPs by the Medicines Management Team via the Prescribing Advisors meetings, the prescribing advisory database (PAD) and Newsletters

Surrey Downs Clinical Commissioning Group

Prescribing Clinical Network

Summary of recommendations made on 30th October 2013

Policy No: PCN 76-2013

Policy Statement: Bevacizumab for the treatment of Uveitis

Recommendations: The Prescribing Clinical Network supports the use of bevacizumab as a second line treatment option for patients with non-infectious sight threatening or sight-losing intermediate or posterior uveitis who are unable to receive intravitreal dexamethasone (Ozurdex®) due to a contraindication.

Bevacizumab will be considered as RED on the traffic light system.

Key Considerations:

- Limited study data available to demonstrate that anti-VEGFs appear to increase visual acuity in patients with uveitis
- There is more published data for bevacizumab than for ranibizumab or aflibercept
- There are no studies available comparing anti-VEGFs for this indication

Cost Impact:

It has been estimated that the numbers of patients requiring this treatment would be small (1 patient/CCG/Year) as Bevacizumab would only be used where there is a contraindication to Ozurdex (currently commissioned 1st line treatment for Uveitis). Cost for 1 injection is approx. £60 (plus administration cost)

Ankylosing Spondylitis biologic treatment pathway

Pathway has been updated to include using MRI findings to make an early diagnosis of Ankylosing Spondylitis before significant damage is done.

Rheumatoid Arthritis Biologic treatment pathway.

The PCN supported the recommendation made by the Surrey Rheumatology network to use a 4th line biologic agent in a small number of RA patients with the requests being discussed and reviewed by the Network prior to treatment being initiated.

(Pathway to follow. Pathway being noted at the PCN on November 27th)

NICE Technology Appraisals Published in September 2013

TA296 (www.nice.org.uk/ta296). **Lung cancer (non-small-cell, anaplastic lymphoma kinase fusion gene, previously treated) - Crizotinib**

- this is not supported by NICE and funding will be via the cancer drugs fund which is the responsibility of NHS England

Minutes of the PCN meeting held on 30th October 2013 are available from the medicines management team on request

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NHS
Surrey Downs
Clinical Commissioning Group

Meeting: Clinical Quality Committee

Date and time: Tuesday 10th December 2013, 9.30

Present	**Apologies**	**In attendance**
Alison Pointu (Chair)	Liz Saunders	Karen Parsons
Eileen Clark	Dr Mark Hamilton	Justin Dix
Denise Crone	Miles Freeman	Helen Blunden
Gavin Cookman	Mable Wu	Georgette Welch
Dr Phil Gavins		Liz Clark
Dr Suzanne Moor		Jackie Moody
Dr Robin Gupta		

1. Welcome and introductions

Kathleen Curtis, South Commissioning Support Unit, was welcomed as an observer. CQC101213/001

2. Apologies for absence

Apologies had been received from Liz Saunders, Dr Mark Hamilton, Miles Freeman, and Mable Wu. Alice Stevens gave apologies on behalf of Sian Carter. CQC101213/002

3. Register of interests

There were no additional interests to declare CQC101213/003

4. Minutes of the previous meeting –

There were a number of errors in the previous minutes which it was agreed would be corrected as follows: CQC101213/004

- 018 – correct “closure policy” to “provider failure” policy.
- 019 to 022 – Justin Dix to agree a form of words with Eileen Clark
- 034 correct “MRCS” to “MRSA”
- 032 – Justin Dix to agree a form of words with Eileen Clark
- 061 – correct “car home” to “care home”
- 072 – Justin Dix to agree a form of words with Liz Clark

Action Justin Dix

5. Action log

November 2013

Action 070 Anticoagulant Audit – a process had been signed off for monitoring practices performance in relation to International Normalised Ratio (INR). Locality Chairs had signed off on this and it would be monitored via the Medicines Management Team. FOR CLOSURE. CQC101213/005

Action 046 South East Coast Ambulance Service performance (emergency ambulance response times) – An update had been given at the last Governing Body regarding more direct influence rather than via host commissioners but the situation was not resolved. To remain open pending an improvement in Key Performance Indicators. KEEP OPEN. CQC101213/006

Action 033 Surrey and Borders – To be closed, see below. FOR CLOSURE. CQC101213/007

Action 031 Surrey and Borders – the decision not to invite SABP to present was endorsed as these discussions were taking place on a monthly operational level. There was a lack of assurance from the host commissioner regarding mental health issues generally and this was being taken up with North East Hants and Farnham CCG. FOR CLOSURE. CQC101213/008

Action 026 Meeting Papers. Discussion centred on whether the committee was undertaking its assurance role or straying into operational territory. At the moment there was too much narrative in reporting to the committee and a lack of clarity about explicit assurance. CQC101213/009

It was agreed that in future the items in the forward plan should normally be incorporated into a more comprehensive Quality and Performance Report and that this would be the primary focus for the meeting. CQC101213/010

Reporting to the Governing Body would be based on the committee having received appropriate assurance with exceptions escalated to the Governing Body as appropriate. The importance of high quality reports was emphasised. CQC101213/011

It was AGREED that in order to underpin this, Karen Parsons and Eileen Clark would produce a Quality Strategy that gave a focus on outcomes. CQC101213/012

Action Karen Parsons/ Eileen Clark

Work was still needed to ensure that the four main committees of the Governing Body were able to provide comprehensive assurance and that there were no gaps. This work was ongoing, linked to a review of the scheme of delegation by Justin Dix. It was agreed that there needed to be more discussion outside the meeting about ensuring that governance was properly integrated. CQC101213/013

Action Karen Parsons

There was a discussion regarding patient engagement and it was noted that the Patient Advisory Group would feed into the Executive Committee. Patient experience however was still central to quality reporting. CQC101213/014

It was AGREED that in future meetings should be normally two hours with an extra half hour by exception. CQC101213/015

It was AGREED that Prescribing Clinical Network recommendations would still need to be an item in their own right. CQC101213/016

<u>October 2013</u>

077 Committee forward plan. In future this would be mainly be incorporated into a revised Quality and Performance Report as above. FOR CLOSURE. CQC101213/017

066 Children's Safeguarding. It was noted that further work was needed to give the committee assurance particularly regarding the level of clinical input from each of the CCGs in Surrey. For inclusion in next quality report. FOR CLOSURE. CQC101213/018

<u>August 2013</u>

070 work of the committee – see above. FOR CLOSURE. CQC101213/019

<u>July 2013</u>

Superseded by 013 above. FOR CLOSURE. CQC101213/020

6. Francis Report – Government Response

Alison Pointu summarised the key points in the paper noting that nearly all the recommendations had been accepted by the Government. The main requirements would be incorporated into a quality strategy as discussed earlier in the meeting, and the committee could then monitor this and receive assurance as to whether the CCG was compliant. CQC101213/021

It was agreed that contract levers were essential to ensuring that our suppliers complied and it was agreed Karen Parsons would bring a report on using contracts to lever quality improvements to the January meeting. CQC101213/022

Action Karen Parsons

It was noted that there were extensive references in the document to CCGs and how they were expected to develop to take on a full "commissioning for quality" role. CQC101213/023

The very detailed style of the new CQC inspections was noted, with Frimley Park Hospital and Molesey Hospital inspections cited as examples. There were significant numbers of inspectors involved in the new approach. CQC101213/024

It was noted that these inspections were underpinned by detailed data packs and it was agreed that Eileen Clark should ask the CQC if these could be shared with commissioners. CQC101213/025

Action Eileen Clark

7. Integrated Quality and Performance Report

The report was noted and a number of specific areas discussed. CQC101213/026

Health Care Acquired Infections (HCAIs)

Ongoing performance issues in relating to MRSA and CDiff were noted. There was an increasing emphasis on the role of primary care in relation to HCAIs. CQC101213/027

Clinical Quality Review Meetings (CQRMs) monitored these incidents with each supplier. Epsom St Helier were responding positively to the need to address HCAIs. More work was being done with Kingston. Overall the level of scrutiny and engagement was felt to be acceptable. CQC101213/028

Use of contract levers i.e. withholding payments was a possibility but this had not been done yet. CQC101213/029

It was noted that norovirus did not fall into this category as it was a common airborne virus not an HCAI but our local hospitals were above average in terms of incidence. CQC101213/030

Given that providers were felt to be making every effort to work with commissioners on this issue, the current level of performance was felt to be within the CCG's tolerance, although there was no complacency in seeking further improvement. CQC101213/031

Serious Incidents

There was an extensive review of the committee's approach to monitoring Serious Incidents focusing on the level of detail required and the frequency of monitoring. In part this also depended on the level of sensitivity associated with the information. NHS England had recommended against putting a lot of detail in the public domain. CQC101213/032

It was noted that there were weekly management reports on serious incidents and the CSU would in future be actively following these up. This would enhance the CCG's ability to challenge suppliers which was already happening in CQRMs. CQC101213/033

Work was also being done across Surrey to improve incident reporting through meetings of quality leads. CQC101213/034

There was some concern expressed by clinical members of the committee that they needed more timely reporting of new incidents and that the Governing Body needed to be more sighted on this issue. Current reporting was felt to focus more on the ongoing process rather than analysis. CQC101213/035

It was acknowledged that in future it might be necessary to have more extensive Part II sections of this committee and the Governing Body to review Serious Incidents. CQC101213/036

Integrated Access to Psychological Therapies (IAPT)

The slight deterioration in performance was noted. CQC101213/037

Patient Advice and Liaison Service (PALS)

It was noted that some suppliers such as the Maudlesy and Tavistock were unhelpfully citing Surrey Downs as refusing funding when writing to patients. In fact the funding had been refused by Surrey and Borders (who hold the commissioning budget on behalf of CCGs) and NHS England. This was being worked through with the individuals who had subsequently complained to the CCG. CQC101213/038

It was clarified that SECAMB long waits were formal complaints. CQC101213/039

Breast Cancer referrals

It was agreed that Eileen Clark would check the reasons for the breaches that have occurred in two week referrals. There were always a significant number relating to patient choice and it was agreed that the focus should be on the non choice breaches. CQC101213/040

Action Eileen Clark

Particular areas to focus on were: CQC101213/041

- Was the spike in breaches in September a one-off?
- Are there any issues with data?
- Were there any capacity issues in the service?

Non Elective First Consultant Episodes CQC101213/042

It was felt that the reported over-performance may be due to data issues; although costly, the numbers were small.

Hospital Complaints Review CQC101213/043

It was confirmed that this would be discussed with leads in commissioned services. CQC101213/044

Out of Hospital Strategy CQC101213/045

It was noted that patients were included in development of this although there was not currently a patient representative on the decision making panel for service reviews. Karen Parsons would take this up with the Executive Committee. CQC101213/046

Action Karen Parsons

Safeguarding Adults

There was a discussion of a case where a nursing home care worker with an unreported mental health problem had abused a resident; this had gone to court and the individual had been sentenced. There were other problems with whistleblowing and the culture of the home. CQC101213/047

The Surrey wide safeguarding conference in November had highlight that small homes were higher risk and that some of this was attributable to poor leadership and the low pay and status of care home workers. There were 800 homes in Surrey and a number of these had individuals placed by the Continuing Health Care Team. This particular home was in a neighbouring CCG area. CQC101213/048

The need for GPs to pass on concerns where they observe them and actively promote improvement in standards was noted. CQC101213/049

It was agreed that Eileen Clark would take the challenges of oversight of quality and safety in relation to the large numbers of nursing homes in Surrey to the quality leads meeting for further discussion. CQC101213/050

Action Eileen Clark

8. Adult Safeguarding Report

The report was felt to be very helpful particularly in setting the context for safeguarding in this area. The Annual Safeguarding Report from Surrey County Council was also received in relation to this agenda item. A number of areas were discussed. CQC101213/051

Training

- This was the contractual responsibility of NHS England; the regulator was the CQC, who had so far not taken a tough line on this issue. CQC101213/052
- The CCG was seeking to support and facilitate via localities.
- Practices sometimes lacked clarity about what they should be doing and the training that was available.

The following actions were agreed:

- The issue would be escalated to the Executive Committee and NHS England. CQC101213/053

Action Karen Parsons

- Helen Blunden would arrange training but GP practices would need to fund. This might best be done by letter rather than email as practices received a lot of emails. CQC101213/054

Action Helen Blunden

- We would share our concerns with other CCGs. CQC101213/055

Action Karen Parsons

Capacity

- It was noted that existing cover arrangements with another CCG for Helen Blunden's role were informal. CQC101213/056
- Because capacity was limited there would inevitably be a need to prioritise
- Any gaps should be highlighted and risk assessed

The following actions were agreed:

- Further discussion would be taken to the CCG collaborative in January as part of the wider discussion about all hosted services. CQC101213/057

Action Karen Parsons

- The report structure would be amended in future to highlight achievements, priorities, risks, challenges and gaps. CQC101213/058

Action Helen Blunden

Other points

It was noted that this work did align with other areas of CCG development such as Continuing Health Care. CQC101213/059

CCG engagement was recognised in the Surrey Annual Report and this was very positive. CQC101213/060

Concern was expressed about one care home provider who seemed to be acting outside of registration boundaries. This was being taken up with the CQC. CQC101213/061

This would be an area where there would be more demand in future particularly around the ageing population. CQC101213/062

9. Locality Report

It was agreed that in future this would be included thematically in the overarching quality report. CQC101213/063

It was noted that some paragraphs relating to Telehealth and diabetes had become transposed. CQC101213/064

10. Prescribing Clinical Network (PCN) recommendations

The following PCN recommendations were AGREED: CQC101213/065

- Bevacizumab for treatment of uvitis.

Amendments to existing approvals were noted as follows: CQC101213/066

- Ankylosing Spondulitis Biological Treatment Pathway
- Rheumatoid Arthritis Biological Treatment Pathway

It was agreed these recommendations would be specifically bought to the attention of the Governing Body in future. CQC101213/067

11. Future meetings

There would be no amendment to the schedule of meeting remaining for 2013/14. For 2014/15 Justin Dix was asked to arrange meetings on a monthly basis on the Thursday immediately after the Governing Body for 2014/15. CQC101213/068

Action Justin Dix

12. Any other business

Eileen Clark circulated the Surrey and Sussex "Proud To Care" award details. CQC101213/069

It was agreed that the discussions at today's committee did not identify any new risks for the risk register. CQC101213/070

Summary of actions

/012	Produce a quality strategy for the CCG	EC/KP
/013	Discussion on integrated governance	KP
/022	Summary of contract levers in relation to quality	KP
/026	Request data packs for inspections from CQC	EC
/046	Representative of patients on panels for service reviews	KP
/057	Adult safeguarding capacity to January CCG Collaborative	KP
/058	Safeguarding report structure to be amended to highlight achievements, priorities, risks, challenges and gaps.	HB
/068	Justin Dix to arrange meetings for 2014/15 on the principle of the Thursday after the Governing Body	JD

NHS
Surrey Downs
Clinical Commissioning Group

Meeting	Clinical Quality Committee
Date	7th November 2013
Agenda item	18
Attachment	15
Title of paper	Prescribing Clinical Network Recommendations for agreement
Author & email	Liz Clark Lead Commissioning Pharmacist for Surrey Downs CCG Lizclark2@nhs.net
Exec Lead:	Karen Parsons, Chief Operating Officer
Locality	All
Purpose	Decision

Brief Summary:
The Clinical Quality Committee are required to review the recommendations of the Prescribing Clinical Network (PCN) and approve them for implementation. Prescribing leads from each of the four localities, including a Surrey Downs Board Member, are members of the PCN and are in agreement with the recommendations.

Key issues to note: (please highlight key points and cross reference paragraph / page numbers etc, and list any accompanying papers / appendices)

Full minutes, evidence review papers or shared care documents are available on request from **lizclark2@nhs.net**

Committees and other groups (please list the names and dates of other committees or groups who have discussed this issue)

Prescribing Clinical Network (PCN) 25th September 2013
Surrey Downs Prescribing Leads Meeting 8th October 2013

Recommendation(s):
The Committee is requested to:
Agree the PCN recommendations of 25th September 2013for implementation in Surrey Downs CCG

Implications for wider governance: None referenced

Relevant interests: *please note any relevant interests of individuals and highlight any actual or potential conflict of interest*
Quality and patient safety: Efficacy and Safety are given priority in the Ethical Framework of the PCN
Patient and public engagement: The PCN and MCG are currently recruiting to the position of patient representative
Equality analysis: None referenced
Finance and resources: None referenced
Workforce: None referenced
Statutory compliance: Please set out any issues relating to information governance; statutory duty to consult; safeguarding; other legal requirements
Conflicts of interest: Please highlight any actual or potential conflicts of interests for members or staff involved in this work. **Requested in previous meetings and none to note**
Risk and assurance: Please describe the relationship between this issue and any risks on the risk register or relevant Assurance Framework requirements.
Communications Plan: PCN Recommendations adopted by this committee on behalf of Surrey Downs CCG will be communicated to GPs by the Medicines Management Team via the Prescribing Advisors meetings, the prescribing advisory database (PAD) and Newsletters

Surrey Downs Clinical Commissioning Group

Prescribing Clinical Network

Summary of recommendations made on 25th September 2013

Policy No: PCN 74-2013

Policy Statement: Extended use of infliximab and adalimumab in ulcerative colitis

Recommendations: The PCN does not support the use of infliximab or adalimumab in ulcerative colitis outside of NICE guidance due to the limited published evidence available to support the case for improved patient outcomes

Key Considerations:

- The published evidence to support the use of infliximab and adalimumab for maintenance treatment in the acute and sub-acute settings.
- There is limited trial data available currently to support the following patient outcomes: increase in time to colectomy, reduction in rates of colectomy and hospital admissions.
- CCGs who do commission maintenance biologic therapy for UC have not as yet reported improved outcome data.

Cost impact:
No cost impact as PCN do not support the use of biologic treatments in this setting

Policy No: PCN 75-2013

Policy Statement: Aflibercept for the treatment of wet age-related macular degeneration

Recommendations: The PCN supports the use of aflibercept as the preferred first line treatment option for wet AMD in patients who meet the NICE TA 294 criteria, with all of the following circumstances applying in the eye to be treated:

- best-corrected visual acuity is between 6/12 and 6/96
- there is no permanent structural damage to the central fovea
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension
- there is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes)
- Aflibercept is provided by the manufacturer with the discount agreed in the patient access scheme

Aflibercept is classified as a RED hospital only drug on the traffic light system.

Key Considerations:

- The recommendation is based on the evidence demonstrating no differences in efficacy or safety compared to ranibizumab

- Aflibercept is considered the more cost effective NICE approved option due to a decreased frequency of administration and monitoring visits.
- The use of aflibercept has been supported by ophthalmologists from local acute trusts.
- A potential switching programme for wet AMD patients already receiving an anti VEGF drug to aflibercept was discussed – the PCN agreed that this was a decision that would need to be made locally based on clinical appropriateness.

Sequential use of anti VEGF drugs in patients whose eye does not respond to treatment with an initial anti VEGF drug is not routinely supported

Cost impact:
As the price for Aflibercept (Eylea®) and Ranibizumab (Lucentis®) are commercially sensitive it has not been possible to include them in this document. Although Aflibercept (Eylea®) requires less frequent administration of injections and monitoring visits which may reduce costs for CCG's.

Shared Care sent to acute trusts for ratification through internal governance processes. These documents will be uploaded onto the PAD:

Apomorphine for Parkinson's Disease

Colesevelam for Bile Salt Absorption

Implementation of **NICE Guidance published** in July & August 2013 were discussed at the meeting on 25th September 2013

TA292 - (http://www.nice.org.uk/nicemedia/live/14225/64565/64565.pdf) Aripiprazole for treating moderate to severe manic episodes in adolescents with Bipolar I disorder

- Limited to 12 weeks treatment considered to be a RED drug on the traffic light system for use by Surrey & Borders Partnership Foundation Trust.

TA293 – (http://www.nice.org.uk/nicemedia/live/14228/64570/64570.pdf) Eltrombopag for treating chronic (immune) idiopathic thrombocytopenic purpura

- Multiple treatment options are now available for ITP. Further work needs to be done with consultants on a proposed treatment pathway which will be discussed at the PCN in October 2013.

TA294 – (http://www.nice.org.uk/nicemedia/live/14227/64572/64572.pdf) Aflibercept solution for injection for treating wet age-related macular degeneration.

- Please see policy statement and recommendations above

TA295 – (http://www.nice.org.uk/nicemedia/live/14265/65061/65061.pdf) Everolimus in combination with exemestane for treating advanced HER-2 negative hormone-receptor positive breast cancer after endocrine therapy.

- Commissioned by NHS England from 1st April 2013. Not recommended by NICE and will be given a BLACK status on the prescribing advisory database.

Minutes of the PCN meeting held on 25th September 2013 are available on request: Lizclark2@nhs.net